

Exhibit-B

Sick Call Request

Part A: (To be completed by inmate/resident patient)Name (Print): Orin KristichDate: 1-7-2022Number: 99811051Date of Birth: 5-23-1980Work Assignment: N/AWork Hours: N/A Housing Assignment: AN-244

Reason for requesting Health Services Appointment (BE SPECIFIC): Because of my injury
(dislocated shoulder/arm on 12-25-21.) I am still in pain after taking predisone
spans in the upper arm/shoulder and nerve pain in my forearm (on top) close to the
hand/wrist and elbow. Thanks. started on 12-25-21.
 How long have you had this problem? started on 12-25-21.

Inmate/Resident Patient Signature: Orin Kristich

↓ DO NOT WRITE BELOW THIS LINE ↓

Part B: (To be completed by Health Services Staff)

Health Services Reply: _____

Health Services Signature: _____

Date: _____

White Copy: To Medical RecordsYellow Copy: To Inmate/Resident Patient

7/17/15

